

**Tennessee Department of Safety
Research, Planning and Development
1150 Foster Ave.
Nashville TN 37243**

INTERLOCK PROVIDER

OWNERS APPLICATION

☐

Original

☐

Renewal

Name:					
Last	Middle	First	Date of Birth		
Address:					
Street		City	ST.	ZIP	
Social Security Number			Phone Number ()		
Have you ever been convicted, forfeited bond, or are you currently on probation for any felony (or any equal offense under military law)? A felony is defined as an offense punishable by imprisonment for a term of one year or greater. <div style="display: flex; justify-content: space-around; align-items: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
If yes, explain? (Use separate sheet if needed)					
Do you currently have a valid driver license? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain?					D.L. Number
Have your driving privileges ever been revoked, suspended or cancelled in any State? <div style="display: flex; justify-content: space-around; align-items: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
If yes, explain?					

Business Name			
Address (where records are held)			
Street	City	State	Zip
Mailing Address (if different)			
Street	City	State	Zip
Phone Number ()		Contact Person	
Business License Number		County	
Liability Insurance Carrier			
Policy Number		Effective Dates of Policy From To	
Agents Name		Phone Number	

Names of Personnel Installing, Servicing or Uninstalling Ignition Interlock Devices

Installer's application must be filled out for each installer listed below.

1	4
2	5
3	6

Business references

NAME

ADDRESS

PHONE NUMBER

NAME

ADDRESS

PHONE NUMBER

NAME

ADDRESS

PHONE NUMBER

I hereby apply for the Ignition Interlock Provider Certificate which shall be valid for one (1) year. I affirm that I have read and understood the obligations of the Ignition Interlock Device Provider set forth in Rules of Ignition Interlock Device Program Rules 1340-1-14 and am fully capable of carrying out said obligations. I give consent for the Department of Safety to conduct whatever investigations necessary to determine my eligibility to hold such Certificate. I understand that false, misleading or incomplete information in my application may result in denial, cancellation, suspension or revocation of the Certificate, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature: _____

Date: _____